

training (48%); job interview techniques (28%); subspecialties (22%); preparation of a CV (18%); regional differences on training (10%). This advice was mainly provided by consultants (85%); clinical tutors (58%); peers (21%); SRs (12%).

Exam related advice was given prior to Part I to 87% of trainees and to 78% before Part II. Feedback following exams was less frequently received: after Part I by 36% and Part II by 62%.

Asked about advice received on further academic opportunities, 47% had been informed about training courses; 52% about practical research issues and 40% about research supervision; 34% about the local MPsych Med degree and 11% about higher degrees. It was an interesting finding that this was nearly exclusively provided by supervising consultants and only by clinical tutors in 4%; 44% of trainees expressed concern about confidentiality if they were to discuss personal problems.

As supervising consultants still appear to provide the main bulk of career advice, we feel they need to be aware of the breadth of topics that need to be addressed in supervision and of the requirements of psychiatric training. On the basis of our findings, we would recommend the allocation of personal tutors (mentors) for long-term advice during general training in order to provide consistency and continuity in both personal and professional guidance while ensuring confidentiality and impartiality.

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Recommended: The Royal College of Psychiatrists' 'Directory of Specialised Psychiatric Facilities'

Sir: If you have wondered whether a specific facility was available, and, if so, where it was located, only to find that this information was often a matter of someone saying "I understand that there is an affective disorders unit at such and such a hospital . . .", I hope you will join me in requesting our College to take steps to compile a *Directory of Specialised Psychiatric Facilities* to document all that is available in the United Kingdom and the Republic of Ireland.

Such a directory should cover the National Health Service as well as the private sector, and include the following, with adequate information on referral criteria, costs and (in the case of NHS facilities) whether these are catchment area bound, regional or supra-regional services: adolescent units; affective disorders units; aftercare hostels; alcohol-related disorders treatment and rehabilitation units; behavioural disorders units;

drug treatment units; eating disorders units; employment rehabilitation units; facilities for mentally ill without hearing or speech; facilities for young brain-damaged people; in-patient psychotherapy units; in-patient mental impairment facilities; mother and baby units; neuro-psychiatric assessment and treatment units; obsessional disorders units; phobic disorders units; active rehabilitation hostels; therapeutic communities; psycho-surgical units; facilities specifically for people of a particular language, culture or nationality.

It would also be helpful if private psychiatric hospitals could be invited to include in the directory a list of their staff and visiting consultants, and the areas of psychiatric care in which they are particularly strong.

I believe that such a *Directory of Specialised Psychiatric Facilities* will prove to be immensely popular, and could be a useful source of income for our College.

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Image analysis

Sir: Dr R.M. Bilder and colleagues (1994) have suggested that a complex expert (computer) system for MRI image analysis is inferior to the combined expertise of a team of trained (human) experts. There may be an explanation for this which transcends the anthropomorphic perspective.

The number of possible pathways in any computer program rises as a fractional proportion of the factorial of the number of branch points in the program. The general relationship is given by

$$N=fB!$$

where N, the maximum number of pathways is determined by the factorial of B, the number of branches. Some pathways, being mutually exclusive, are not permitted, thus giving rise to the fractional multiplier f.

Factorial functions rise astonishingly rapidly. For example, an imaginary 'expert' system with only ten branch points would give rise to 3,628,800 possible pathways if all were permitted. For the expert systems of today we are looking at programs with the possibility of over a 1000 branch points. The factorial for this number of branch points is nearly incalculable, and even if many of the pathways are mutually exclusive (if f, say, is only 0.0000001, i.e. only one in a million pathways is permissible) the number of permissible pathways is still huge.

The consequence of this is well recognised outside of psychiatry. The number of pathways